

Statement of December 31, 20
Company Name:

Report #2 - Statement of Revenue, Expenses and Net Worth
POS ONLY

	23		4
	Year-To-Date		Prior
	Uncovered	Total	Calendar Year (a) Total
Member Months	XXX		
Revenues:			
1. Premium (Net of \$ 0 Reinsurance Premiums Ceded)	XXX		
2. Fee-For-Services (Net of \$ 0 Medical Expenses)	XXX		
3. Risk Revenue	XXX		
4. Net Investment Income (including \$ 0 Net Realized Capital Gains of (Losses))			
5. Aggregate Write-ins for Other Health Care Related Revenues	XXX		
6. Aggregate Write-ins for Other Revenues	XXX		
7. TOTAL REVENUES (Lines 1 to 6)	XXX		
Expenses			
Medical and Hospital:			
8. Physician Services			
9. Other Professional Services			
10. Outside Referrals			
11. Emergency Room and Out-of-Area			
12. Inpatient			
13. Incentive Pool and Withhold Adjustments			
14. Occupancy, Depreciation and Amortization			
15. Aggregate Write-ins for Other Medical and Hospital Expenses			
16. Subtotal (Lines 8 to 15)			
Less:			
17. Net Reinsurance Recoveries Incurred			
18. Copayments			
19. COB and Subrogation			
20. Subtotal (Lines 17 to 19)			
21. TOTAL MEDICAL AND HOSPITAL (Lines 16 minus 20)			
Administration:			
22. Administration Expenses			
23. TOTAL EXPENSES (Lines 21 and 22)			
24. INCOME (LOSS) (Lines 7 minus Line 23)	XXX		
25. Extraordinary Item			
26. Provision for Federal Income Taxes	XXX		
27. NET INCOME (LOSS) (Line 24 minims Lines 25 and 26)	XXX		

DETAILS OF WRITE-INS			
0501. 0502. 0503. 0598. Summary of remaining write-ins for Line 5 from overflow page 0599. Totals (Lines 0501 thru 0503 plus 0598) (Lines 5 above)			
	XXX		
	XXX		
	XXX		
	XXX		
0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX		
	XXX		
	XXX		
	XXX		
	XXX		
1501. 1502. 1503. 1598. Summary of remaining write-ins for Line 15 from overflow page 1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)	XXX		
	XXX		
	XXX		
	XXX		
	XXX		

(a) Or other annual reporting period as permitted by regulating authority

Statement of December 31, 20
Company Name:

Report #2 - Statement of Revenue, Expenses and Net Worth
POS ONLY (continued)

	2 Year-To-Date	3 Prior Calendar Year (a)
Net Worth:		
28. Net Worth Beginning of Period		
29. Increase (Decrease) in Common Stock		
30. Increase (Decrease) in Preferred Stock		
31. Increase (Decrease) in Pain in Surplus		
32. Increase (Decrease) in Contributed Capital		
33. Increase (Decrease) in Surplus Notes		
34. Increase (Decrease) in Contingency Reserves		
35. Increase (Decrease) in Retained Earnings/Fund Balance:		
a. Net Income		
b. Dividends to Stockholders		
c. Interest on Surplus Notes		
d. Change in Nonadmitted Assets		
e. Change in Unauthorized Reinsurance		
f. Unrealized Capital Gains and Losses		
g. Aggregate Write-ins for Changes in Retained Earnings		
36. Aggregate Write-ins for Changes in Retained Earnings		
37. NET WORTH END OF PERIOD (Lines 28 to 36)		
DETAILS OF WRITE-INS		
35g01.		
35g02.		
35g03.		
35g98. Summary of remaining write-ins for Line 35g from overflow page		
35g99. Totals (Lines 3501 thru 35g03 plus 35g98) (Line 35g above)		
3601.		
3602.		
3603.		
3698. Summary of remaining write-ins for Line 36 from overflow page		
3699 Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)		

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